

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ONE GEICO PLAZA
 Check if different than previously reported. (ACC)
WASHINGTON DC 20076

2. **FEC IDENTIFICATION NUMBER** C00343749
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on _____ in the State of _____
(d) 30-Day **Post**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2010 through 09 30 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Michael Campbell

Signature of Treasurer Electronically Filed by Michael Campbell Date 10 15 2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only							
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		41857.52
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	36371.02									
(c) Total Receipts (from Line 19)	6166.50	18180.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	42537.52	60037.52								
7. Total Disbursements (from Line 31)	31020.00	48520.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	11517.52	11517.52								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	3310.00	7325.00
(ii) Unitemized	2856.50	10855.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	6166.50	18180.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	6166.50	18180.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	6166.50	18180.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	6166.50	18180.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	20.00	20.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	20.00	20.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	30500.00	48000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	500.00	500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	31020.00	48520.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	31020.00	48520.00

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	6166.50	18180.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6166.50	18180.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	20.00	20.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	20.00	20.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) John Izzo		Date of Receipt MM / DD / YYYY 07 / 21 / 2010		
	Mailing Address 1419 Idlewild Blvd		Transaction ID: SA11AI.20759		
	City Fredericksburg	State VA	Zip Code 22401	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C		Payroll deduction \$25.00 biweekly		
	Name of Employer GEICO	Occupation VP	Aggregate Year-to-Date 375.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) John Izzo		Date of Receipt MM / DD / YYYY 08 / 18 / 2010		
	Mailing Address 1419 Idlewild Blvd		Transaction ID: SA11AI.20878		
	City Fredericksburg	State VA	Zip Code 22401	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C		Payroll deduction \$25.00 biweekly		
	Name of Employer GEICO	Occupation VP	Aggregate Year-to-Date 425.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) John Izzo		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address 1419 Idlewild Blvd		Transaction ID: SA11AI.21019		
	City Fredericksburg	State VA	Zip Code 22401	Amount of Each Receipt this Period 75.00	
	FEC ID number of contributing federal political committee. C		Payroll deduction \$25.00 biweekly		
	Name of Employer GEICO	Occupation VP	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	175.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Richard Kidd		Date of Receipt
	Mailing Address 4645 Buckhorn Ridge		<input type="text" value="07"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>
	City Fairfax	State VA	Zip Code 22030
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.20762
	Amount of Each Receipt this Period 30.00		Payroll deduction \$15.00 biweekly
Name of Employer GEICO		Occupation AVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	

B.	Full Name (Last, First, Middle Initial) Richard Kidd		Date of Receipt
	Mailing Address 4645 Buckhorn Ridge		<input type="text" value="08"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
	City Fairfax	State VA	Zip Code 22030
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.20881
	Amount of Each Receipt this Period 30.00		Payroll deduction \$15.00 biweekly
Name of Employer GEICO		Occupation AVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 255.00	

C.	Full Name (Last, First, Middle Initial) Richard Kidd		Date of Receipt
	Mailing Address 4645 Buckhorn Ridge		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City Fairfax	State VA	Zip Code 22030
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.21022
	Amount of Each Receipt this Period 45.00		Payroll deduction \$15.00 biweekly
Name of Employer GEICO		Occupation AVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	105.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 28
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) Paul Lavrey</p> <p>Mailing Address 3495 Pleasant Grove Drive</p> <p>City State Zip Code <u>Ijamsville</u> MD 21754</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation GEICO Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt 07 / 21 / 2010</p> <p>Transaction ID: SA11AI.20768</p> <p>Amount of Each Receipt this Period 40.00</p> <p>Payroll deduction \$20.00 biweekly</p>
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<p>B. Full Name (Last, First, Middle Initial) Paul Lavrey</p> <p>Mailing Address 3495 Pleasant Grove Drive</p> <p>City State Zip Code <u>Ijamsville</u> MD 21754</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation GEICO Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 340.00</p>	<p>Date of Receipt 08 / 18 / 2010</p> <p>Transaction ID: SA11AI.20887</p> <p>Amount of Each Receipt this Period 40.00</p> <p>Payroll deduction \$20.00 biweekly</p>
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<p>C. Full Name (Last, First, Middle Initial) Paul Lavrey</p> <p>Mailing Address 3495 Pleasant Grove Drive</p> <p>City State Zip Code <u>Ijamsville</u> MD 21754</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation GEICO Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 400.00</p>	<p>Date of Receipt 09 / 30 / 2010</p> <p>Transaction ID: SA11AI.21028</p> <p>Amount of Each Receipt this Period 60.00</p> <p>Payroll deduction \$20.00 biweekly</p>
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SUBTOTAL of Receipts This Page (optional)	140.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) John W McCutcheon	Date of Receipt MM / DD / YYYY 07 / 21 / 2010
	Mailing Address 19218 Tattershall Drive	Transaction ID: SA11AI.20779
	City State Zip Code Germantown MD 20874	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	Payroll deduction \$20.00 biweekly
	Name of Employer Occupation GEICO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) John W McCutcheon	Date of Receipt MM / DD / YYYY 08 / 18 / 2010
	Mailing Address 19218 Tattershall Drive	Transaction ID: SA11AI.20898
	City State Zip Code Germantown MD 20874	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	Payroll deduction \$20.00 biweekly
	Name of Employer Occupation GEICO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

C.	Full Name (Last, First, Middle Initial) John W McCutcheon	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 19218 Tattershall Drive	Transaction ID: SA11AI.21039
	City State Zip Code Germantown MD 20874	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	Payroll deduction \$20.00 biweekly
	Name of Employer Occupation GEICO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	▶	140.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Paul W Measley		Date of Receipt
	Mailing Address 9539 E. Surprise Canyon Ct.		<input type="text" value="07"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Tucson	AZ	85748
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Transaction ID: SA11AI.20782		
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For:		Aggregate Year-to-Date ▼	<input type="text" value="40.00"/>
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="300.00"/>	Payroll deduction \$20.00 biweekly
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Paul W Measley		Date of Receipt
	Mailing Address 9539 E. Surprise Canyon Ct.		<input type="text" value="08"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Tucson	AZ	85748
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Transaction ID: SA11AI.20901		
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For:		Aggregate Year-to-Date ▼	<input type="text" value="40.00"/>
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="340.00"/>	Payroll deduction \$20.00 biweekly
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Paul W Measley		Date of Receipt
	Mailing Address 9539 E. Surprise Canyon Ct.		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Tucson	AZ	85748
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Transaction ID: SA11AI.21042		
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For:		Aggregate Year-to-Date ▼	<input type="text" value="60.00"/>
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="400.00"/>	Payroll deduction \$20.00 biweekly
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="140.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Robert Miller	Date of Receipt MM / DD / YYYY 07 / 21 / 2010
	Mailing Address 3025 Amherst Avenue	Transaction ID: SA11AI.20783
	City State Zip Code Dallas TX 75225	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	Payroll deduction \$20.00 biweekly
	Name of Employer Occupation GEICO Regional VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Robert Miller	Date of Receipt MM / DD / YYYY 08 / 18 / 2010
	Mailing Address 3025 Amherst Avenue	Transaction ID: SA11AI.20902
	City State Zip Code Dallas TX 75225	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	Payroll deduction \$20.00 biweekly
	Name of Employer Occupation GEICO Regional VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

C.	Full Name (Last, First, Middle Initial) Robert Miller	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 3025 Amherst Avenue	Transaction ID: SA11AI.21043
	City State Zip Code Dallas TX 75225	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	Payroll deduction \$20.00 biweekly
	Name of Employer Occupation GEICO Regional VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	▶	140.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 28
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) Olza Nicely</p> <p>Mailing Address 805 Nethercliffe Hall Road</p> <p>City State Zip Code Great Falls VA 22066</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation GEICO President-Insurance operations</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1275.00</p>	<p>Date of Receipt MM / DD / YYYY 07 / 21 / 2010</p> <p>Transaction ID: SA11AI.20792</p> <p>Amount of Each Receipt this Period 170.00</p> <p>Payroll deduction \$85.00 biweekly</p>
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<p>B. Full Name (Last, First, Middle Initial) Olza Nicely</p> <p>Mailing Address 805 Nethercliffe Hall Road</p> <p>City State Zip Code Great Falls VA 22066</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation GEICO President-Insurance operations</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1445.00</p>	<p>Date of Receipt MM / DD / YYYY 08 / 18 / 2010</p> <p>Transaction ID: SA11AI.20909</p> <p>Amount of Each Receipt this Period 170.00</p> <p>Payroll deduction \$85.00 biweekly</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) Olza Nicely</p> <p>Mailing Address 805 Nethercliffe Hall Road</p> <p>City State Zip Code Great Falls VA 22066</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation GEICO President-Insurance operations</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1700.00</p>	<p>Date of Receipt MM / DD / YYYY 09 / 30 / 2010</p> <p>Transaction ID: SA11AI.21050</p> <p>Amount of Each Receipt this Period 255.00</p> <p>Payroll deduction \$85.00 biweekly</p>
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<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>595.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 28
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Nancy Pierce

Mailing Address 19318 Wilmott Drive

City State Zip Code
Benedict MD 20612

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GEICO VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
07 / 21 / 2010

Transaction ID: SA11AI.20799

Amount of Each Receipt this Period
80.00

Payroll deduction \$40.00 biweekly

B.

Full Name (Last, First, Middle Initial)
Nancy Pierce

Mailing Address 19318 Wilmott Drive

City State Zip Code
Benedict MD 20612

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GEICO VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 680.00

Date of Receipt
MM / DD / YYYY
08 / 18 / 2010

Transaction ID: SA11AI.20916

Amount of Each Receipt this Period
80.00

Payroll deduction \$40.00 biweekly

C.

Full Name (Last, First, Middle Initial)
Nancy Pierce

Mailing Address 19318 Wilmott Drive

City State Zip Code
Benedict MD 20612

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GEICO VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: SA11AI.21057

Amount of Each Receipt this Period
120.00

Payroll deduction \$40.00 biweekly

SUBTOTAL of Receipts This Page (optional) ► **280.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Dana Proulx	Date of Receipt MM / DD / YYYY 07 / 21 / 2010
	Mailing Address 1011 Avery Court, S.W.	Transaction ID: SA11AI.20802
	City State Zip Code Vienna VA 22180	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	Payroll deduction \$25.00 biweekly
	Name of Employer Occupation GEICO manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

B.	Full Name (Last, First, Middle Initial) Dana Proulx	Date of Receipt MM / DD / YYYY 08 / 18 / 2010
	Mailing Address 1011 Avery Court, S.W.	Transaction ID: SA11AI.20919
	City State Zip Code Vienna VA 22180	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	Payroll deduction \$25.00 biweekly
	Name of Employer Occupation GEICO manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

C.	Full Name (Last, First, Middle Initial) Dana Proulx	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 1011 Avery Court, S.W.	Transaction ID: SA11AI.21060
	City State Zip Code Vienna VA 22180	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	Payroll deduction \$25.00 biweekly
	Name of Employer Occupation GEICO manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	175.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 28

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
John W Quagliato

Mailing Address 924 Beacon Square Court #326

City Gaithersburg State MD Zip Code 20878

FEC ID number of contributing federal political committee. C

Name of Employer GEICO Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 21 / 2010

Transaction ID: SA11AI.20803

Amount of Each Receipt this Period 40.00

Payroll deduction \$20.00 biweekly

B.

Full Name (Last, First, Middle Initial)
John W Quagliato

Mailing Address 924 Beacon Square Court #326

City Gaithersburg State MD Zip Code 20878

FEC ID number of contributing federal political committee. C

Name of Employer GEICO Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 18 / 2010

Transaction ID: SA11AI.20920

Amount of Each Receipt this Period 40.00

Payroll deduction \$20.00 biweekly

C.

Full Name (Last, First, Middle Initial)
John W Quagliato

Mailing Address 924 Beacon Square Court #326

City Gaithersburg State MD Zip Code 20878

FEC ID number of contributing federal political committee. C

Name of Employer GEICO Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2010

Transaction ID: SA11AI.21061

Amount of Each Receipt this Period 60.00

Payroll deduction \$20.00 biweekly

SUBTOTAL of Receipts This Page (optional) 140.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 28

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Jess Reed

Mailing Address 8500 Hawkins Creamery Road

City State Zip Code
Gaithersburg MD 20886

FEC ID number of contributing federal political committee.

C

Name of Employer
GEICO

Occupation
VP

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 21 / 2010

Transaction ID: SA11AI.20804

Amount of Each Receipt this Period

20.00

Payroll deduction \$10.00
biweekly

B.

Full Name (Last, First, Middle Initial)

William Roberts

Mailing Address 708 STILLWATER ROAD

City State Zip Code
GIBSON ISLAND MD 21056

FEC ID number of contributing federal political committee.

C

Name of Employer
GEICO

Occupation
VP

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 21 / 2010

Transaction ID: SA11AI.20807

Amount of Each Receipt this Period

150.00

Payroll deduction \$75.00
biweekly

C.

Full Name (Last, First, Middle Initial)

William Roberts

Mailing Address 708 STILLWATER ROAD

City State Zip Code
GIBSON ISLAND MD 21056

FEC ID number of contributing federal political committee.

C

Name of Employer
GEICO

Occupation
VP

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1275.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 18 / 2010

Transaction ID: SA11AI.20923

Amount of Each Receipt this Period

150.00

Payroll deduction \$75.00
biweekly

SUBTOTAL of Receipts This Page (optional) ▶

320.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 28
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
William Roberts

Mailing Address 708 STILLWATER ROAD

City State Zip Code
GIBSON ISLAND MD 21056

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GEICO VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.21064

Amount of Each Receipt this Period
225.00

Payroll deduction \$75.00 biweekly

B.

Full Name (Last, First, Middle Initial)
George Rogers

Mailing Address 5120 Highlands By The Lake Drive

City State Zip Code
Lakeland FL 33813

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GEICO VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 21 / 2010

Transaction ID: SA11AI.20808

Amount of Each Receipt this Period
20.00

Payroll deduction \$10.00 biweekly

C.

Full Name (Last, First, Middle Initial)
George Rogers

Mailing Address 5120 Highlands By The Lake Drive

City State Zip Code
Lakeland FL 33813

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GEICO VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 18 / 2010

Transaction ID: SA11AI.20924

Amount of Each Receipt this Period
20.00

Payroll deduction \$10.00 biweekly

SUBTOTAL of Receipts This Page (optional) ► **265.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) George Rogers	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 5120 Highlands By The Lake Drive	Transaction ID: SA11AI.21065
	City State Zip Code Lakeland FL 33813	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	Payroll deduction \$10.00 biweekly
	Name of Employer Occupation GEICO VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

B.	Full Name (Last, First, Middle Initial) Louis Simpson	Date of Receipt MM / DD / YYYY 07 / 21 / 2010
	Mailing Address 700 Kings Town Drive	Transaction ID: SA11AI.20816
	City State Zip Code Naples FL 34102	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Payroll deduction \$50.00 biweekly
	Name of Employer Occupation Plaza Investment Managers President - Capital operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

C.	Full Name (Last, First, Middle Initial) Louis Simpson	Date of Receipt MM / DD / YYYY 08 / 18 / 2010
	Mailing Address 700 Kings Town Drive	Transaction ID: SA11AI.20932
	City State Zip Code Naples FL 34102	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Payroll deduction \$50.00 biweekly
	Name of Employer Occupation Plaza Investment Managers President - Capital operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

SUBTOTAL of Receipts This Page (optional)	230.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Louis Simpson	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 700 Kings Town Drive	Transaction ID: SA11AI.21073
	City State Zip Code Naples FL 34102	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	Payroll deduction \$50.00 biweekly
	Name of Employer Occupation Plaza Investment Managers President - Capital operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Joseph Thomas	Date of Receipt MM / DD / YYYY 07 / 21 / 2010
	Mailing Address 1708 Dalwood Meadows	Transaction ID: SA11AI.20823
	City State Zip Code Virginia Beach VA 23455	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	Payroll deduction \$25.00 biweekly
	Name of Employer Occupation GEICO AVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

C.	Full Name (Last, First, Middle Initial) Joseph Thomas	Date of Receipt MM / DD / YYYY 08 / 18 / 2010
	Mailing Address 1708 Dalwood Meadows	Transaction ID: SA11AI.20939
	City State Zip Code Virginia Beach VA 23455	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	Payroll deduction \$25.00 biweekly
	Name of Employer Occupation GEICO AVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

SUBTOTAL of Receipts This Page (optional)	250.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Joseph Thomas	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 1708 Dalwood Meadows	Transaction ID: SA11AI.21080
	City State Zip Code Virginia Beach VA 23455	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	Payroll deduction \$25.00 biweekly
	Name of Employer Occupation GEICO AVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Mary Zarcone	Date of Receipt MM / DD / YYYY 07 / 21 / 2010
	Mailing Address 219 Westchester Drive	Transaction ID: SA11AI.20833
	City State Zip Code Macon GA 31210	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	Payroll deduction \$20.00 biweekly
	Name of Employer Occupation GEICO VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Mary Zarcone	Date of Receipt MM / DD / YYYY 08 / 18 / 2010
	Mailing Address 219 Westchester Drive	Transaction ID: SA11AI.20949
	City State Zip Code Macon GA 31210	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	Payroll deduction \$20.00 biweekly
	Name of Employer Occupation GEICO VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

SUBTOTAL of Receipts This Page (optional)	▶	155.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 21 / 28	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Mary Zarcone		Date of Receipt	
	Mailing Address 219 Westchester Drive		M M / D D / Y Y Y Y 09 / 30 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.21090
	Macon	GA	31210	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		60.00	
Name of Employer GEICO		Occupation VP		
Payroll deduction \$20.00 biweekly		Aggregate Year-to-Date ▼		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		400.00		

SUBTOTAL of Receipts This Page (optional)	▶	60.00
TOTAL This Period (last page this line number only)	▶	3310.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Andy Harris for Congress

Mailing Address PO Box 1527

City Annapolis State MD Zip Code 21404

Purpose of Disbursement
Campaign Contribution

Candidate Name
Andy Harris for Congress

Office Sought: House
 Senate
 President

State: MD District: 01

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.20983
Date of Disbursement

09 / 21 / 2010

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)
BILL FLORES FOR CONGRESS

Mailing Address PO BOX 6207

City BRYAN State TX Zip Code 77805

Purpose of Disbursement
Campaign Contribution

Candidate Name
BILL FLORES FOR CONGRESS

Office Sought: House
 Senate
 President

State: TX District: 17

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.20971
Date of Disbursement

09 / 21 / 2010

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)
BUCK FOR COLORADO

Mailing Address PO BOX 101465

City DENVER State CO Zip Code 80250

Purpose of Disbursement
Campaign contribution

Candidate Name
BUCK FOR COLORADO

Office Sought: House
 Senate
 President

State: CO District: 00

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.20979
Date of Disbursement

09 / 21 / 2010

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) DANIEL WEBSTER FOR CONGRESS</p> <p>Mailing Address P.O. Box 618387</p> <p>City ORLANDO State FL Zip Code 32861-8387</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name DANIEL WEBSTER FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: FL District: 08</p>	<p>Transaction ID: SB23.20967</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="2000.00"/></p> <p style="text-align: center;">011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) DAVID SCHWEIKERT FOR CONGRESS</p> <p>Mailing Address 4110 N. Goldwater Blvd, Ste 201</p> <p>City Scottsdale State AZ Zip Code 85251</p> <p>Purpose of Disbursement Campaign contribution</p> <p>Candidate Name DAVID SCHWEIKERT FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: AZ District: 05</p>	<p>Transaction ID: SB23.20961</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="2000.00"/></p> <p style="text-align: center;">011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) FRANCISCO CANSECO FOR CONGRESS</p> <p>Mailing Address 10004 Wurzbach Rd. #366</p> <p>City San Antonio State TX Zip Code 78230</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name FRANCISCO CANSECO FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: TX District: 23</p>	<p>Transaction ID: SB23.20973</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="2000.00"/></p> <p style="text-align: center;">011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ►

TOTAL This Period (last page this line number only) ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) KELLY FOR CONGRESS	Transaction ID: SB23.20963 Date of Disbursement 09 / 20 / 2010
	Mailing Address PO BOX 89520	Amount of Each Disbursement this Period 2000.00
	City TUCSON State AZ Zip Code 85752	
	Purpose of Disbursement Campaign Contribution Candidate Name KELLY FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 08	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Massachusetts Democratic State Committee Fed PAC	Transaction ID: SB23.20955 Date of Disbursement 09 / 20 / 2010
	Mailing Address 56 Roland Street Suite 203	Amount of Each Disbursement this Period 2000.00
	City Boston State MA Zip Code 02129	
	Purpose of Disbursement Campaign Contribution Candidate Name Massachusetts Democratic State Committee Fed PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Massachusetts Republican Party's Federal Fund	Transaction ID: SB23.20987 Date of Disbursement 09 / 29 / 2010
	Mailing Address 85 Merrimack Street	Amount of Each Disbursement this Period 500.00
	City Boston State MA Zip Code 02114	
	Purpose of Disbursement Campaign Contribution Candidate Name Massachusetts Republican Party's Federal Fund Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) PAUL GOSAR FOR CONGRESS <hr/> Mailing Address 2222 E. Cedar Ave. <hr/> City Flagstaff State AZ Zip Code 86004 <hr/> Purpose of Disbursement Campaign Contribution Candidate Name PAUL GOSAR FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.20959 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2010
	Amount of Each Disbursement this Period 2000.00 Category/Type: 011
B. Full Name (Last, First, Middle Initial) ROBERT HURT FOR CONGRESS <hr/> Mailing Address 101 East Cary Street <hr/> City Richmond State VA Zip Code 23219-3734 <hr/> Purpose of Disbursement Campaign contribution Candidate Name ROBERT HURT FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.20977 Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2010
	Amount of Each Disbursement this Period 2000.00 Category/Type: 011
C. Full Name (Last, First, Middle Initial) RON JOHNSON FOR SENATE INC <hr/> Mailing Address P.O. Box 1159 <hr/> City OSHKOSH State WI Zip Code 54903 <hr/> Purpose of Disbursement Campaign Contribution Candidate Name RON JOHNSON FOR SENATE INC Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.20984 Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2010
	Amount of Each Disbursement this Period 2000.00 Category/Type: 011

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) Rossi for Senate <hr/> Mailing Address P. O. Box 50713 <hr/> City Bellevue State WA Zip Code 98015 <hr/> Purpose of Disbursement Campaign Contribution Candidate Name Rossi for Senate <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.20981 Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2010
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) SANDY ADAMS FOR CONGRESS <hr/> Mailing Address PO BOX 1566 <hr/> City ORLANDO State FL Zip Code 32802 <hr/> Purpose of Disbursement Campaign Contribution Candidate Name SANDY ADAMS FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.20969 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2010
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) SCOTT RIGELL FOR CONGRESS <hr/> Mailing Address 913 First Colonial Road Suite 200 <hr/> City Virginia Beach State VA Zip Code 23454 <hr/> Purpose of Disbursement Campaign Contribution Candidate Name SCOTT RIGELL FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.20975 Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2010
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
SOUTHERLAND FOR CONGRESS

Mailing Address PO BOX 1692

City LYNN HAVEN State FL Zip Code 32444

Purpose of Disbursement
Campaign Contribution

Candidate Name
SOUTHERLAND FOR CONGRESS

Office Sought: House
 Senate
 President

State: FL District: 02

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.20965

Date of Disbursement

09 / 20 / 2010

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

30500.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Holland for Oklahoma

Mailing Address P. O. Box 890775

City Oklahoma City State OK Zip Code 73189

Purpose of Disbursement
Campaign Contribution

Candidate Name
Holland for Oklahoma

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: SB29.20846

Date of Disbursement

07 / 28 / 2010

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

500.00